



Certified Peer Support and Wellness Specialist  
Application for Exam to Obtain Certification  
Must be employed and hired with the expectation of receiving state certification

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_

Date that you are requesting \_\_\_\_\_

\*Please note that the testing dates for Certification are July 11<sup>th</sup> -12<sup>th</sup> and 13<sup>th</sup>, 2018.

For additional information concerning testing visit:

[http://dhhs.ne.gov/behavioral\\_health/Pages/DBHOCAPeer.aspx](http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeer.aspx).

Please initial. By initialing you are acknowledging the following:

\_\_\_\_\_ I am employed and was hired with the expectation of receiving state certification. I have attached a letter of verification from my employer and understand I will not be registered until this has been received.

\_\_\_\_\_ I have completed a formal Peer Support training and my official certification of attendance/completion is attached with this application. I understand that I will not be registered until this has been received.

\_\_\_\_\_ I understand that it is recommended that I participate in quarterly co-reflection to support statewide growth, professional development, self-care, and continuous learning.

\_\_\_\_\_ I understand that it is recommended to maintain a minimum of six continuing education units (CEUs) per year.

\_\_\_\_\_ I understand that I will be asked to sign a code of ethics.

\_\_\_\_\_ I attest that I have lived experience with a behavioral health condition and/ or trauma. I attest that I am willing to self-identify my lived experience with a behavioral health condition and/ or trauma while in the role of a Peer Specialist.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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